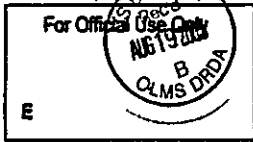


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>7996</u>	2 Fiscal Year Covered From <u>01 / 01 / 04</u> Through: <u>12 / 31 / 04</u>
3 Name and address of person filing. Name <u>ARIAN E Gentry</u> P O Box Bldg Room No if any _____ Street <u>N2216 Bodde Road</u> City <u>Kaukauna</u> State <u>Wisconsin</u> ZIP Code + 4 <u>54130-9740</u>	4 Name, file number and address of labor organization Name <u>Northern WI Regional Council of Carpenters</u> Labor Organization File Number <u>035-751</u> P O Box Building and Room Number if any _____ Street <u>N2216 Bodde Road</u> City <u>Kaukauna</u> State <u>Wisconsin</u> ZIP Code + 4 <u>54130-9740</u>
5 Position in labor organization <u>Business Representative</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction or Income _____ 7 b. Amount _____

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Arian E Gentry</u>	On <u>8-12-05</u> <u>608-788-6240</u> Date Telephone Number

Name of Person Filing <u>BRIAN E Gentry</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name if any)</p> <p>Name <u>WISCONSIN Carpenter's Benefit Funds</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No. if any _____</p> <p>Street <u>1704 Devney Drive</u></p> <p>City <u>Altoona</u></p> <p>State <u>WI</u> ZIP Code + 4 <u>54720</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9 b. or 9 c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No. if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a. Nature of such dealing</p> <p><u>Health + Pension Board meeting</u></p> <p><u>1-14-04</u></p> <p><u>4-8-04</u></p> <p><u>7-29-04</u></p> <p><u>10-28-04</u></p> <p>11 b. Approximate dollar value of such dealing <u>776.12</u></p> <p>12 a. Nature of interest held or income received</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>12 b. Amount. _____</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg Room No. if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a. Nature of payment.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>13 b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b. Amount of payment. _____</p>

Name of Person Filing <u>BRIAN E Gentry</u>	File Number U
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name if any)</p> <p>Name <u>WISCONSIN Carpenter's Benefit Fund</u></p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street <u>1704 Devney Drive</u></p> <p>City <u>Altonna</u></p> <p>State <u>WI</u> ZIP Code + 4 <u>54720</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>_____ b. Trust</p> <p>_____ c. Employer</p>
<p>10. If 9.b. or 9 c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a. Nature of such dealing</p> <p><u>International Foundation</u> <u>Educational Conference, Attendance</u> <u>NOV. 30 - Dec. 4 - 04</u> <u>Travel, Hotel, meals, New Orleans Louisiana</u></p> <p>11 b. Approximate dollar value of such dealing <u>2,913.00</u></p> <p>12 a. Nature of interest held or income received</p> <p>_____</p> <p>12 b. Amount</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a. Nature of payment</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14 b. Amount of payment</p> <p>_____</p>

Name of Person Filing <u>BRIAN E GENTRY</u>	File Number U
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name if any)</p> <p>Name <u>WEISS PECK & GREER INVESTMENTS</u></p> <p>Trade Name if any _____</p> <p>P O Box, Bldg. Room No. if any _____</p> <p>Street <u>909 Third Avenue</u></p> <p>City <u>NEW YORK</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10022</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name <u>WISCONSIN Carpenters Benefit Funds</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg. Room No. if any _____</p> <p>Street <u>1704 Deuney Drive</u></p> <p>City <u>ALTOONA</u></p> <p>State <u>WI</u> ZIP Code + 4 <u>54720</u></p>	<p>11 a. Nature of such dealing</p> <p><u>Meeting/Brunch, with Spouse</u> <u>12/1/04</u> <u>New Orleans, Louisiana</u></p> <p>11 b. Approximate dollar value of such dealing <u>245.00</u></p> <p>12 a. Nature of interest held or income received</p> <p>_____</p> <p>_____</p> <p>12 b. Amount.</p> <p>_____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg. Room No. if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a. Nature of payment.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b. Amount of payment.</p> <p>_____</p> <p>_____</p>

Name of Person Filing <u>Brian E Gentry</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name if any) Name <u>Weiss Peck & Greer Investments</u> Trade Name, if any _____ P O Box, Bldg Room No. if any _____ Street <u>909 Third Avenue</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10022</u>	9 Business deals with ___ a. Labor Organization <input checked="" type="checkbox"/> b. Trust ___ c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name Name <u>WISCONSIN Carpenters Benefit Funds</u> Trade Name if any _____ P O Box, Bldg Room No. if any _____ Street <u>1704 Devney Drive</u> City <u>Altoona</u> State <u>WI</u> ZIP Code + 4 <u>54720</u>	11.a. Nature of such dealing. <u>meeting/luncheon, with spouse</u> <u>12/3/04</u> <u>New Orleans, Louisiana</u> 11.b. Approximate dollar value of such dealing <u>115.00</u> 12.a. Nature of interest held or income received _____ 12.b. Amount. _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment _____ _____ _____
13.b. Is the Business an Employer ___ or Consultant ___ ?	14 b Amount of payment. _____ _____

Name of Person Filing <u>BRIAN E GENTRY</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name if any)</p> <p>Name <u>Turner Investment Partners</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg Room No. if any _____</p> <p>Street <u>1205 westlakes Dr Ste. 100</u></p> <p>City <u>Berwyn</u></p> <p>State <u>PA.</u> ZIP Code + 4 <u>19312</u></p>	<p>9 Business deals with</p> <p>____ a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>____ c. Employer</p>
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<p>10 If 9 b. or 9 c. is checked give trust or employer's name</p> <p>Name <u>WISCONSIN Carpenters Benefit Funds</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg. Room No. if any _____</p> <p>Street <u>1704 Devney Drive</u></p> <p>City <u>Altoona</u></p> <p>State <u>WI.</u> ZIP Code + 4 <u>54720</u></p>	<p>11 a. Nature of such dealing</p> <p><u>Dinner Meeting, with spouse</u></p> <p><u>12/1/04</u></p> <p><u>New Orleans, Louisiana</u></p> <p>11 b Approximate dollar value of such dealing <u>180.00</u></p> <p>12.a Nature of interest held or income received</p> <p>_____</p> <p>_____</p> <p>12.b Amount.</p> <p>_____</p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	
<p>14 b Amount of payment.</p> <p>_____</p> <p>_____</p>	

Name of Person Filing <u>BRIAN E GENTRY</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name if any)</p> <p>Name <u>Weise Peck & Greer Investments</u></p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street <u>909 Third Avenue</u></p> <p>City <u>New York</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10022</u></p>	<p>9 Business deals with</p> <p>____ a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>____ c. Employer</p>
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<p>10. If 9 b. or 9 c. is checked give trust or employer's name</p> <p>Name <u>WISCONSIN Carpenters Benefit Funds</u></p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street <u>1704 Devney Drive</u></p> <p>City <u>Altoona</u></p> <p>State <u>WI</u> ZIP Code + 4 <u>54720</u></p>	<p>11 a. Nature of such dealing</p> <p><u>Meeting/Luncheon with Spouse</u></p> <p><u>12/2/04</u></p> <p><u>New Orleans, Louisiana</u></p> <p>11.b Approximate dollar value of such dealing <u>\$131.00</u></p> <p>12.a. Nature of interest held or income received</p> <p>_____</p> <p>_____</p> <p>12 b Amount. _____</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg Room No. if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>13 b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14 b Amount of payment.</p> <p>_____</p> <p>_____</p>

Name of Person Filing <u>BRIAN E Gentry</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name if any)

Name Alliance Bernstein
 Trade Name if any _____
 P O Box, Bldg Room No. if any _____
 Street 1345 Avenue of the Americas
 City New York
 State NY ZIP Code + 4 10005-0096

9 Business deals with

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name WISCONSIN Carpenter's Benefit Funds
 Trade Name if any _____
 P O Box, Bldg Room No. if any _____
 Street 1704 Denny Drive
 City Atlanta
 State WI ZIP Code + 4 54720

11 a. Nature of such dealing

Meeting / Reception, with Spouse
12/2/04
New Orleans, Louisiana

11 b Approximate dollar value of such dealing

250.00

12 a. Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name _____
 Trade Name, if any _____
 P O Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14 a Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.



The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Ruan E. Henry
8/12/04